

<b>Case Number:</b>	CM14-0188154		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old gentleman with a date of injury of 07/14/2011. A treating physician note dated 08/12/2014 identified the mechanism of injury as two prior serious closed head injuries. Limited details were provided. No additional direct clinical records were provided. The reviewed documentation indicated the worker was experiencing problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications, as well as lower back and knee pain. Documented examinations described flattened affect, problems with word finding, tenderness in the lower back, pain with lower back movement, and slowed thinking. The submitted and reviewed documentation concluded the worker was suffering from post-traumatic headaches, strain/sprain of the lower back, contusions involving lower legs, right knee contusion, cognitive and behavioral impairments due to closed head injuries, and depression. Treatment recommendations included evaluation by a neurologist for the on-going headaches, activity modification, and follow up care. A Utilization Review decision was rendered on 10/15/2014 recommending non-certification for a sleep study, audiologist evaluation, neurologist evaluation for the treatment of post-traumatic headaches, endocrinologist evaluation for a possible need for hormone treatment, and neuro-ophthalmologist evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chervin RD, et al, Approach to the patient with excessive daytime sleepiness, Topic 14892, version 9.0, Up-to-date, accessed 12/30/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems with sleep that are not clear after a thorough history and examination are performed. The submitted documentation indicated the worker was experiencing problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications, as well as lower back and knee pain. There was no suggestion the worker had daytime sleepiness or insomnia, and there was no discussion of any concerns that would suggest this test was needed. In the absence of such evidence, the current request for a sleep study is not medically necessary.

**1 Audiologist evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hemphill JC. Traumatic brain injury: Epidemiology, classification, and pathophysiology, Topic 4825, version 9.0, Up-to-date, accessed 12/30/2014.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. The submitted documentation indicated the worker was experiencing problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications due to prior head injuries, as well as lower back and knee pain. While serious head trauma can cause complications that result in hearing problems, there was no discussion suggesting the worker was experiencing this or that there were abnormal findings on routine examination. In the absence of such evidence, the current request for an audiologist evaluation is not medically necessary.

**1 Endocrinologist evaluation for hormone therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Hemphill JC. Traumatic brain injury: Epidemiology, classification, and pathophysiology, Topic 4825, version 9.0, Up-to-date, accessed 12/30/2014.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. The submitted documentation indicated the worker was experiencing problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications due to prior head injuries, as well as lower back and knee pain. While serious head trauma can cause complications that result in hormone control problems, there was no discussion suggesting the worker was experiencing this or that there were abnormal findings suggesting it on routine examination. In the absence of such evidence, the current request for endocrinologist for possible hormone treatment is not medically necessary.

### **1 Neurologist treatment for post traumatic headaches: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bajwa ZH, et al. Evaluation of headaches in adults, Topic 3349, version 13.0, Up-to-date, accessed 12/30/2014.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. The submitted and reviewed record reported the worker had two episodes of serious head trauma, resulting in problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications, as well as lower back and knee pain. This pattern of complex history, abnormal neurologic examination, and limited response to treatment warrants specialist evaluation. In light of these issues, the current request for a neurologist evaluation for the treatment of post-traumatic headaches is medically necessary.

### **1 Neuro Ophthalmologist evacuation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado division of workers compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hemphill JC, Traumatic brain injury: Epidemiology, classification, and pathophysiology, Topic 4825, version 9.0, Up-to-date, accessed 12/30/2014

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. The submitted documentation indicated the worker was experiencing problems with behavior, memory, thinking, and daily headaches despite the use of multiple medications due to prior head injuries,

as well as lower back and knee pain. While serious head trauma can cause complications that result in vision problems, there was no discussion suggesting the worker was experiencing this or that there were abnormal findings suggesting an issue on routine examination. In the absence of such evidence, the current request for neuro-ophthalmologist evaluation is not medically necessary.